

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org



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TATE ETHIOS COMMISSION

LOBBYIST REGISTRATION FORM

	(Type of	Triffic Oleany)			
PART I LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
Radcliffe	John	Н.	808-536-7557		
MAILING ADDRESS (Street)			FAX		
222 S. Vineyard Street, Suite 401			808-599-4340		
(City)	(State)	(Zip ((Zip Code)		
Honolulu	HI	9681	96813-2453		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE					
Radcliffe & Associates, LLC			808-536-7557		
MAILING ADDRESS (Street)			FAX		
222 S. Vineyard Street, Suite 401			808-599-4340		
(City)	(State)	(Zip (Code)		
Honolulu	HI	9681	3-2453		

PART II ORGANIZATION			_
Sprint Corporation			
MAILING ADDRESS (Street)		FAX	
6450 Sprint Parkway, Mailstop: KSOPHN0212-2A40			
(City)	(State)	(Zip Code)	
Overland Park	KS	66251	
NAME OF PERSON RESPONSIBLE FOR PREPARING O	TELEPHONE		
Melody T. Butay		808-536-7557	
MAILING ADDRESS (Street)		FAX	
222 S. Vineyard, Street, Suite 401		808-599-4340	
(City)	(State)	(Zip Code)	
Honolulu	ні	96813-2453	

PAR	T III DESCRIPTION	OF CI	ID IECTO LIDON WILL	211.1/01			
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[]	Agriculture	[]	Education	[]	Human Services	[]	Science, Technology &
[]	Communications & Public Utilities	[]	Government Operations & Finance	[]	Intergovernmental Relations International Affairs	s, []	Economic Development Tourism & Recreation
[]	Consumer Protection & Commerce	[]	Hawaiian Affairs	[]	Labor & Employment	[]	Transportation
[]	Culture, Arts, Historic Preservation	[]	Health	[]	Planning, Land & Water	[]	Other: (indicate below)
[]	Ecology, Energy Environmental Protection	[]	Housing	[]	Use Management Public Safety & Corrections		
PAR	TIV CERTIFICATION	N OF	LOBBYICT				
FAR				:- 4-4			
	Thereby certify that th		nation furnished above	is, to t	he best of my knowledg	ge, corre	ct and complete.
	Joh	~ 14)	Jacolin	_	27	Am	1 2003
			(Signature of Lobbyist)		(<u> </u>	(Date)
PAR	TV AUTUODIZATI	0N T0	LOBBY		*		
NAME		<u>ON 10</u>	LOBBA	TIT	LE OF AUTHORIZING OFFI	IOED OD I	DEDOON DEDDESENTES
147 (141)	-			. 111	LE OF AUTHORIZING OFFI	CEROR	ZERSON REPRESENTED
Shane	e Muchmore				State Government Affairs	s Manager	r
NAME	OF ORGANIZATION (if a	oplicable)			TELEPHO	ONE
Sprint	t Corporation						
Орин	Corporation					913-315-9153	
MAILING ADDRESS (Street)					FAX		
6450 Sprint Parkway, Mailstop: KSOPHN0212-2A402				913-315-0785			
	(City)		(State)		(Zip Co	Zip Code)	
Overla	and Park		KS		66251	66251	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.							
P. Mary Muchan (/ax 17 2003							

(Signature of Authorizing Officer or Person Represented)

(Date)